

STATE OF IDAHO  
DEPARTMENT OF INSURANCE  
700 WEST STATE STREET, 3rd FLOOR  
PO BOX 83720  
BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY

0560  
1025  
1315-10  
TOTAL \_\_\_\_\_

## STATEMENT OF PREMIUM TAXES AND FEES

### TITLE INSURANCE COMPANIES

C/A NO.	NAIC NO.
COMPANY NAME	
FOR CALENDAR YEAR ENDING DECEMBER 31, 2005	
MAILING ADDRESS	
DOMICILE STATE	

### RECAP OF TAXES AND FEES

1. TOTAL TAXES DUE (Page 3, Schedule C, Line 4, GREATER of Column A or Column B) \$ \_\_\_\_\_
2. LESS 2005 PREPAYMENTS REMITTED: (1) JUNE 15 \$ \_\_\_\_\_  
(2) SEPT. 15 \$ \_\_\_\_\_  
(3) DEC. 15 \$ \_\_\_\_\_
3. TAX SUBTOTAL Line 1 less Line 2. If negative amount, also enter on Line 7. \$ \_\_\_\_\_
4. ANNUAL CONTINUATION FEE for Calendar Year 2006  
**MUST ATTACH ANNUAL STATEMENT PAGE 3, LINE 30** is used to determine fee amount.
- |   |            |
|---|------------|
| Surplus less than \$10,000,000                                | \$1,000.00 |
| Surplus greater than \$10,000,000 but less than \$100,000,000 | \$2,500.00 |
| Surplus greater than \$100,000,000                            | \$4,500.00 |
- \$ \_\_\_\_\_
- Payment of continuation fee must be included.  
Do not use overpayment of tax on Line 3.
5. PLUS PENALTY, IF DUE (\$25.00 per day from postmark delinquency. Idaho Code § 41-404) \$ \_\_\_\_\_
6. AMOUNT ENCLOSED – ADD Lines 4, and 5. Include Line 3 if not a negative amount.  
Make checks payable to: **Idaho Department of Insurance.**  
There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105.  
Your canceled check is your receipt. \$ \_\_\_\_\_
- Indicate if payment is by EFT \_\_\_\_\_
7. REFUND DUE FOR TAX OVERPAYMENT ONLY \$ \_\_\_\_\_

Under penalty of perjury, I declare that this statement (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete statement.

Contact Person	Signature of Officer	Date
( )		
Telephone Number	Ext.	Name and Title (Type or Print)

## SCHEDULE A - COMPUTATION OF PREMIUM TAX - IDAHO BASIS

1. DIRECT PREMIUMS WRITTEN (Must agree with ATTACHED Annual Statement, Schedule T, Line 13, Total of Columns 3, 4, and 5). \$ \_\_\_\_\_
2. LESS THAT PORTION OF PREMIUMS NOT SUBJECT TO TAX.  
An explanation must be attached showing the detail used to arrive at risk portion on all Idaho business. \$ \_\_\_\_\_
3. NET TAXABLE PREMIUMS - INSURANCE RISK PORTION (Line 1 - Line 2)  
Carry forward to Page 3, Schedule C, Line 1, Column A. \$ \_\_\_\_\_
4. PREMIUM TAX (1.5% of Line 3)  
Carry forward to Page 3, Schedule C, Line 1B, Column A. \$ \_\_\_\_\_

⇔ **MUST ATTACH A COPY OF THE ANNUAL STATEMENT SCHEDULE T.**

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## SCHEDULE B - COMPUTATION OF PREMIUM TAX - STATE OF DOMICILE BASIS

1. IDENTIFY SPECIFIC BASIS FOR CALCULATING THE TITLE PREMIUMS RISK PORTION  
(i.e., Statute, Regulation, Bulletin, etc.) \_\_\_\_\_
2. DIRECT PREMIUMS WRITTEN (Report Idaho premiums as if your company were an Idaho insurer writing this business in your state of domicile) \$ \_\_\_\_\_
3. LESS ANY DEDUCTIONS ALLOWED BY YOUR STATE OF DOMICILE.  
Attach an explanation showing the calculations used to arrive at insurance risk portion on all Idaho business. This must agree with the process identified on Line 1. \$ \_\_\_\_\_
4. NET TAXABLE PREMIUMS - INSURANCE RISK PORTION (Line 2 - Line 3)  
Carry forward to Page 3, Schedule C, Line 1, and Column B. \$ \_\_\_\_\_
5. PREMIUM TAX (Line 4 multiplied by the Premium Tax Rate in your state of domicile)  
Carry forward to Page 3, Schedule C, Line 1B, Column B. \$ \_\_\_\_\_

SECHEDULE C – COMPUTATION OF RETALIATORY TAXES  
Idaho Code § 41-340 (2) and (3)

NET PREMIUMS SUBJECT TO TAX:	Column A AMOUNT PAID IN IDAHO	Column B AMOUNT WOULD PAY IN DOMICILE STATE
1. TITLE PREMIUMS	\$ _____	\$ _____
A. TITLE TAX RATE	_____ 1.5% _____	_____
B. TITLE PREMIUM TAX (Line 1 x Line 1A)	\$ _____	\$ _____
2. MUNICIPAL, CITY OR COUNTY PREMIUMS	XXXXXXXXXXXXXXXXXXXXXXX	\$ _____
A. MUNICIPAL, CITY OR COUNTY TAX RATE	XXXXXXXXXXXXXXXXXXXXXXX	_____
B. MUNICIPAL, CITY OR COUNTY TAX (Line 2 x Line 2A)	XXXXXXXXXXXXXXXXXXXXXXX	\$ _____
3. OTHER TAXES - Identify Each:		
_____	XXXXXXXXXXXXXXXXXXXXXXX	\$ _____
_____	XXXXXXXXXXXXXXXXXXXXXXX	\$ _____
4. TOTAL TAXES (Lines 1B+2B+3) Carry GREATER AMOUNT of Column A or B Forward to Page 1, Recap of Taxes, Line 1	\$ _____	\$ _____